

A. Well Pump Submittal Instructions:

The following is a listing of the information to be provided when requesting an approval for a well pump for a new or reconstructed well:

1. Three sets of specifications. For municipal and subdivision water systems the specifications must be sealed by a professional engineer. Manufacturer's specifications are not acceptable for approval purposes. However, they may be submitted as additional information.
2. One copy of the well constructor's report. (Form 3300-77A)
3. One copy of the pumping test results.
4. One copy of the plumbness and alignment test results.
5. One set of chemical and bacteriological analyses data on the forms provided by the Department at the time the well was approved. The analyses should include synthetic organic analyses, inorganic analyses, volatile organic analyses, radioactivity analyses, and bacteriological analyses. (bacteria analyses do not need to be on a Department form)
6. One copy of the Public Water Supply Contaminant Use Inventory form. (new municipal and OTM wells) (Form 3300-215)
7. Three copies of a proposed wellhead protection plan, if not already approved. (new municipal wells only)

The following is a listing of information to be provided when requesting an approval for replacement of an existing well pump.

1. Three sets of specifications. Manufacturer's specifications may be submitted if accompanied by a letter of explanation.
2. One copy of an assessment of the pumping capacity of the well pump versus the specific capacity of the well. Pumping test data at the proposed pumping capacity must be provided when requesting an increase in the pump size.

INCOMPLETE SUBMITTALS WILL BE RETURNED WITHOUT REVIEW

Notice: This form is authorized by ss. 281.11, 281.19(1) and (2) and 280.11, Wis. Stats., and ss. NR 108.04(2)(a) and NR 811.13(1)(h)3., Wis. Adm. Code. Completion of this form or a similar form approved by the Department is mandatory. Failure to submit a completed form to the Department is punishable: by a forfeiture of not less than \$10 nor more than \$5,000; or by a fine of not less than \$10 or more than \$100 or imprisonment of not more than 30 days, or both. Each day of continued violation is a separate offense (ss. 299.97 and 280.97, Wis. Stats.). Personally identifiable information on this form will be used for no other purpose.

Name of Municipality/Sanitary District, Other		Clerk or Contact Name	
Mailing Address			
City		State	ZIP Code
Location of Project or Well Number			

B. Submittal Information (NR 811.13(3))

- | | | | |
|---|------------------------------|-----------------------------|-----------------------------|
| 1. Is a copy of the well constructor's report included? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 2. Is a copy of the pumping test data included? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 3. Is a copy of the plumbness and alignment test data included? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 4. Are copies of the following analyses included: | <input type="checkbox"/> NA | | |
| Synthetic Organic analyses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Inorganic analyses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Volatile organic analyses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Radioactivity analyses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Bacteria analyses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 5. Are three copies of P.E. sealed specifications included? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 6. Is a copy of the pump curve included? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 7. Is a copy of the Public Water Supply Contaminant Use Inventory included? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 8. Are three copies of a proposed wellhead protection plan included? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

C. Evaluation Information

- | | | | |
|---|------------------------------|-----------------------------|-----------------------------|
| 1. Was the well constructed or reconstructed in accordance with the approval? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| If no, attach explanation for the infield changes. | | | |
| 2. Does the well meet plumbness and alignment standards. (NR 811.16(15)) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

Well Pump Submittal Checklist

Form 3300-226 (R 6/01)

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3. Does the water quality meet the primary and secondary drinking water standards contained in chapter NR 809, Wis. Adm. Code? ☐ Yes ☐ No ☐ NA
If no, attach an explanation of the proposed solution to the water quality problem.
4. Are there detectable levels of synthetic organic or volatile organic chemicals in the water? ☐ Yes ☐ No ☐ NA
If yes, provide an assessment of the contamination source and the potential for these levels to increase with time or with increased pumping of the well.
5. Is the well pump to be provided with a source of emergency power? (NR 811.31) ☐ Yes ☐ No ☐ NA
If no, provide a justification for the lack of emergency power at this station.
6. To where will the well pump discharge? (NR 811.16(1)(9)) _____
7. Will the well and pump be disinfected in accordance with AWWA C654-87 prior to placing the well into service? (NR 811.16(1)(9)) ☐ Yes ☐ No
8. Will bacteriologically safe samples be obtained? (NR 811.07(3)(b)) ☐ Yes ☐ No

VERTICAL TURBINE PUMPS ONLY

9. Will the pump be water lubricated? (NR 811.35(1)) ☐ Yes ☐ No
If no, attach justification for oil lubrication.
If no, will the oil be a Department approved food grade mineral oil ? ☐ Yes ☐ No
- 9a. Will prelubrication be provided? (NR 811.35(2)) ☐ Yes ☐ No
- 9b. Will the prelubrication line be solenoid controlled? (NR 811.35(2)) ☐ Yes ☐ No
- 9c. Will the prelubrication line be metered? (NR 811.35(2)) ☐ Yes ☐ No

D. Specifications

Type of pump _____ Pump setting (to top of bowls) _____

Pump manufacturer and model number _____

Motor horsepower _____ RPM _____

Type of Auxiliary Power _____

Type of Backspin Protection _____

Design Pump Capacity _____ GPM at _____ feet TDH

E. Calculations

Pump Setting Calculation

Pump Setting = (Pumping Rate/Specific Capacity) + Safety Factor + Static Water Level

P.S. = (_____ / _____) + _____ + _____ feet

P.S. = _____ feet

Motor Horsepower Calculation

Motor Horsepower = (Pumping Rate X TDH) / (3960 X efficiency)

Hp = (X) / (3960 X)

Hp =

F. Comments:

G. I certify that I have examined the above information and found it to be correct, true and complete.

Signature

Date Signed

Wisconsin P.E. Number or Pump Installer License Number

Telephone Number

Fax Number